

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526,060

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			←			
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
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29				1		
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31				1		
32				1		
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34				1		
35				1		
36				1		
37			←			
38			←			
39				1		
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41				1		
42				1		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						